

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/089208	FILING DATE		
							APPLICANT(S)			
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	
1	1		1							
2		1		1						
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TOTAL IND.	1		1				TOTAL IND.			
TOTAL DEP.	6		4				TOTAL DEP.			
TOTAL CLAIMS	7		5				TOTAL CLAIMS			